

**BERGEN COMMUNITY COLLEGE  
THE SCHOOL OF HEALTH PROFESSIONS  
DEPARTMENT OF NURSING**

**NUR 285**

**LEVEL III**

**PSYCHIATRIC / MENTAL HEALTH NURSING**

**COURSE OUTLINE**

**4 CREDITS**

**LECTURE: 4 HOURS PER WEEK**

**CLINICAL: 10 HOURS PER WEEK**

**CLINICAL CONFERENCE: 2 HOURS PER WEEK**

**MASTER SYLLABUS 2019-2020**

**Revised 11/14/19**

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**ALL POLICIES AND COURSE REQUIREMENTS ARE SUBJECT TO REVISION ON A SEMESTER BY SEMESTER BASIS, AT THE DISCRETION OF THE LEAD FACULTY. STUDENTS WILL BE NOTIFIED OF ANY REVISION(S) AT THE BEGINNING OF THE SEMESTER IN WHICH THE POLICY OR REQUIREMENTS IS/ARE TO BE IMPLEMENTED, DURING THE FIRST MEETING OF THE APPROPRIATE NURSING CLASS. CLINICAL TIMES ARE SUBJECT TO CHANGE AT THE DISCRETION OF THE FACULTY AND CLINICAL FACILITY(ies).**

**STUDENTS WITH DISABILITIES REQUESTING ACCOMMODATIONS NEED TO CONTACT THE OFFICE OF SPECIALIZED SERVICES (OSS) AT:**

**<http://bergen.edu/current-students/student-services-departments/disability-services-office-of-specialized-services/>**

**IT IS THE STUDENT'S RESPONSIBILITY TO INFORM THE INSTRUCTOR OF THE NEED FOR ACCOMODATIONS WITHIN THE FIRST FEW WEEKS OF THE START OF CLASS.**

**EXAM REVIEWS WILL BE HELD AFTER EACH UNIT TEST BY APPOINTMENT AND MAY BE REVIEWED UP UNTIL THE NEXT EXAM, OR AT DISCRETION OF LEAD FACULTY.**

### **COURSE DESCRIPTION**

NUR 285, Mental Health Nursing is a third level course in the nursing sequence which focuses on adaptive and maladaptive psychosocial behaviors. Concentration is on the inter- and intrapersonal relationships for infants, children, adolescents and adults. Students will use the nursing process in a variety of health care settings to assist individuals and families achieve optimum health.

4 lecture, 12 Lab., 7.5 weeks, 4 credits.

PREREQUISITES: NUR-281 and NUR-282.

CO-REQUISITES: NUR-284, SOC-101 and BIO-104

\*PLEASE REFER TO THE NURSING STUDENT HANDBOOK & SEE THE FOLLOWING FOR FURTHER INFORMATION

<https://bergen.edu/academics/academic-divisions-departments/health-professions-division/nursing/our-faculty/>

\*note that evening students must complete microbiology (BIO-104) **prior** to Level III

### **COURSE LEARNING OUTCOMES**

1. Applies Orem's Self Care Model of Nursing Practice and critical thinking by use of the nursing care plan, through reasoning, analyzing, synthesizing and evaluating to provide care to individuals, families and groups experiencing psychosocial health problems.
2. Incorporates principles of growth and development in the provision of nursing care to individuals, families and groups at risk for or experiencing psychosocial health deviations.
3. Uses therapeutic communication processes when interacting and integrating biological, psychological, sociological, spiritual, and economic factors that influence families and groups at risk for or experiencing psycho-social health deviations demonstrated by process recordings.
4. Incorporates goals and activities that support the student's personal, professional and educational development.
5. Adheres to professional, ethical, legal standards issues affecting nursing practice in the current healthcare environment, when providing care to individuals, families and groups at risk for or experiencing psychosocial health deviations.
6. Integrates a variety of technological resources in the provision of nursing care to individuals, families and groups with psychosocial health.
7. Utilizes pharmacological concepts in the clinical and classroom setting to correctly calculate drug and solution problems for those individuals with mental health problems. Passes the Level III Pharmacology Math Computation Exam (PMCE) with a score of 100% or higher.
8. Incorporates principles of teaching and learning principles in the care of individuals, families and groups at risk for or experiencing psychosocial health deviations by way of group presentations.

### **LEVEL REQUIREMENTS**

Passing a Pharmacological Math Computation Exam (PMCE) with a score of 100% is a level requirement. The PMCE will be given in the first course of each level.

If the student does not attain the required 100% passing grade, he/she will be provided two retake opportunities within the confines of that course.

Failure to achieve an 100% in the PMCE will result in an "F" for the course in which the test was administered.

Calculators may be used at Level III.

### **COURSE REQUIREMENT DELIVERABLES**

*One process recording (P/F)*

*One Nursing Care Plan (5%) \* See note under grading*

*One Clinical Conference Case Study, Group Facilitation (5%)*

*Alcoholic Anonymous Reflection Paper (5%)*

**All NCP's and PR's must follow the Department of Nursing Rubrics – see Moodle**

**\*Grading Policy for Nursing Care Plan:**

**Please see revised Nursing Care Plan Grading Rubric under Moodle for this course.**

**COURSE EVALUATION**

- A. Theory Grade – The theory grade will consist of one (1) clinical conference facilitation/evidenced based practice research article,(3) three unit exams, (1) one written paper, (1) one NCP, & (1) one ATI standardized exam and preparatory package (2 practice assessments with remediation . **In order to pass the course, the cumulative average of the 3-unit exam grades must be a 77.45% "C+" or greater; completion of ATI package is mandatory.** The clinical conference presentation and AA grades may enhance a grade but **WILL NOT** be used to meet the minimum test grade average requirement of 77.45%. Students may review exams during scheduled times, **prior** to the next exam to pass NUR-285.

Any grade below a "C+" will be an "F". (Refer to Nursing Student Handbook.)

**Clinical Conference Facilitation	=	5%
AA Reflection Paper	=	5%
Nursing Care Plan	=	5%
Exam 1	=	25%
Exam 2	=	25%
Exam 3	=	25%
*ATI FINAL, Practice Assessments, Remediation	=	10%
Total	=	100%

□ **\*ATI Guidelines**

Best practice use: ATI package is worth 10% of theory grade. This includes the standardized final exam (cumulative), 2 practice assessments, and remediation, which totals a maximum of 10 points. See breakdown below.

**TWO MENTAL HEALTH PRACTICE ASSESSMENTS: 4 points**

Complete Practice Assessment A. Remediation: • Minimum 1-hour Focused Review on initial attempt  
 • For each topic missed, complete an active learning template and/or identify three critical points to remember. \*\* Complete Practice Assessment B. Remediation: • Minimum 1-hour Focused Review on initial attempt  
 • For each topic missed, complete an active learning template and/or identify three critical points to remember. **Remediation: 2 points** (as above)

**STANDARDIZED PROCTORED ASSESSMENT**

- Level 3 = 4 points**
- Level 2 = 3 points**
- Level 1 = 1 point**

**Below Level 1 = 0 points**

**TOTAL is tiered:** 10/10 points, 9/10 points, 7/10 points 6/10 points. This score is 10% of your final grade.

- \*\*See Clinical Conference Guidelines

A= 89.45 – 100  
B+ = 85.45 – 89.44  
B = 81.45 – 85.44  
C+ = 77.45 – 81.44  
C = 73.45 – 77.44  
D = 69.45 – 73.44  
F = 69.44 AND BELOW  
W

“C”, “D”, “F”, and “W” grades or below are unsuccessful grades and are considered attempts. Successful completion of a nursing course requires a 77.45 (C+) or above

- B. Clinical Grade- The clinical component of NUR 285 will have a final rating of either **Pass** or **Fail**. A failure rating in the clinical practice will be assigned an “F” grade for the course regardless of the achievement in the theory component.

\*Exceptional circumstances for clinical absences may be reviewed by the clinical instructor, team, and Program Director at the request of the student.

- C. Attendance Policy - Attendance will be taken at each class, clinical and clinical conference. Students are required to attend ALL clinical laboratory and clinical conferences or be in jeopardy of receiving a failing clinical grade. Absence(s) from clinical conference are considered a clinical absence. Assignments will be given for more than one absence. (Refer to Student Handbook.)

**REQUIRED TEXT**

Varcarolis' Foundations of Psychiatric Mental Health Nursing, Margaret Halter, 8e (2017)

Unit I	Introduction to Psychosocial/Mental Health Nursing
Unit II	Universal Self Care Requisite: Solitude vs. Social Interaction. Maintaining quality and balance for development of autonomy and social relations that promote self-care.
Unit III	Universal Self Care Requisite: Normalcy Develop and maintain a realistic self-concept and promote actions to foster integrity of self-care.

**Theoretical Content**

**Teaching/Learning Activities See Corresponding Class Schedule for more detail**

**UNIT I Introduction to Psychosocial/Mental Health Nursing**

1. Introduction and definition of USCR's: Solitude vs. social Interaction and Normalcy relating to Mental Health
2. Explain the elements that contribute to mental health
3. Discuss the History of psychosocial/ mental health care
4. Review theories, therapies, trends, problems and goals to the delivery of mental healthcare and treatment of mental illness
5. Discuss the significance of Mental Health: A Report to the Surgeon General
6. Outline the functions and levels of practice of psychiatric-mental health nurses
7. Role of the nurse in psychosocial/ mental health care
8. Understanding Evidenced Based practice
9. Define evidenced based care
10. Identify the types of scientific evidence that constitute support for treatments and interventions.
11. Explain the importance of evidenced based practice to nursing.

Student Review: Healthy People 2020 Objectives Related to Mental Health  
<http://www.healthypeople.gov>

Chapter 1

Student Review: Surgeon General Report:  
<http://www.surgeongeneral.gov/library/mentalhealth/home.html>

[So You Want to Change Practice: Recognizing Practice Issues and Channeling Those Ideas.](#) (includes abstract); Lusardi, Paula; Critical Care Nurse, 2012 Apr; 32 (2): 55-64 (journal article - tables/charts) ISSN: 0279- 5442 PMID: 22467613 CINAHL AN: 2011514808



12. Utilizes Therapeutic COMMUNICATION Skills
13. Describe the factors that influence the process of human communication
14. Compare and contrast the importance of nonverbal and verbal communication.
15. Incorporate the theories of human communication into interpersonal relationships with clients and their families.
16. Identify the principles of therapeutic communication.
17. Establish therapeutic relationships with clients in your clinical settings.
18. Explain how the development of a therapeutic relationship works in other health care settings.
19. Discuss the importance of self-awareness in the nurse-client relationship.
20. Describe the phases of relationship development and the tasks within the phases.
21. Understand the importance of a therapeutic nurse patient relationship.
22. Compare and contrast defense mechanisms.
23. Implement nursing strategies specified to each defense-oriented behavior listed.
  
24. Assessment of psychosocial health vs. mental illness; Universal and Developmental SCR's
25. Define the components of the Psychosocial Assessment
26. Describe the steps in conducting a mental status exam.
27. Describe the DSM 5 system.
28. Demonstrate use the DSM 5 for making a psychiatric diagnosis.

**UNIT II Individuals Experiencing Psychosocial Health Deficits in meeting the USCR: Solitude vs. Social Interaction**

29. Cultural Diversity in Mental Health Nursing
30. Explain what it means to be a culturally competent nurse.
31. Describe the role of the psychiatric-mental health nurse as culture broker.
32. Describe the personal strategies you can use to develop cultural competence in your work with specific cultural groups.

Chapters 8, 9

CAI: Therapeutic Counseling Session  
Establish a 1:1 Interaction with a client in an acute/day care setting.

Review Defense Mechanisms (Chapter 15, p. 274) and Erikson's Stages of Development (Chapter 2)

<https://www.youtube.com/watch?v=83i2MWMqph8>

Chapter 7

Conduct at least one Psychosocial Assessment inclusive of Mental Status Exam and DSM 5 classification.

**Find one Standardized rating scale and discuss in class**

Develop at least one Nursing Care plan based on the psychosocial assessment and document outcomes of care (See NCP rubric)

Chapter 5

33. Identify the risk factors associated with mental disorders that affect the experience, expression, reporting, and evaluation of mental disorders among culturally diverse groups.
34. Explain the natural history of disorder, including its four stages.
35. Discuss when and how you would apply epidemiologic principles in your psychiatric-mental health nursing practice.
  
36. Stress/Anxiety
37. Define anxiety and explain how stress affects an individual
38. Identify the sources of anxiety.
39. Describe the everyday methods people use to cope with stress and anxiety.
40. Discuss common medical conditions with an onset or a course influenced by psychological and behavioral factors.
  
41. Anxiety and Obsessive Compulsive Disorders
42. Explain what is meant by anxiety/OCD disorders.
43. Describe the incidence and prevalence of anxiety/OCD disorders.
44. Identify the symptoms of anxiety/OCD disorders.
45. Explain the different types of anxiety/OCD disorders.
46. Describe the theories that are helpful in understanding anxiety/OCD disorders.
47. Compare and contrast both the common themes and distinctive characteristics of anxiety/OCD disorders.
48. Formulate nursing diagnoses and design a plan of care for intervening into mild, moderate, severe, and panic levels of anxiety.
49. Educate clients and their families about pharmacologic and non-pharmacologic measures for anxiety/OCD disorders dissociative disorders.
50. Identify the possible personal challenges in caring for clients with anxiety disorders.
51. Distinguish between somatic symptom disorders, factitious disorders, and malingering.
52. Explain the importance of performing a thorough and comprehensive assessment of clients with somatic symptom disorders.
- 53.

Chapter 1

CAI: Anxiety

Class: Demonstrate stress reduction Exercises and write 1-week RX.

Chapter15

Pre and post Conference:  
Clinical discussions on stress management techniques and/or conduct a client teaching exercise in stress reduction.

Chapter 17

54. Formulate nursing diagnosis and goals for somatic symptom disorders
55. Discuss possible personal challenges to professional practice when caring for clients with somatic symptom disorders.
  
56. Trauma, Stress Related, Dissociative and Somatoform Disorders
57. Compare and contrast the biopsychosocial characteristics of trauma somatoform and dissociative disorders.
58. Describe theories that aid in the understanding of trauma and dissociative disorders.
59. Identify the most common goals and treatments for clients with trauma and dissociative disorders.
60. Formulate nursing diagnosis and goals for behaviors associated with trauma and dissociative disorders
61. Discuss possible personal challenges to professional practice when caring for clients with traumatic stress disorders.

**Nursing Care of Individuals Experiencing Dysfunctional Grieving or High Risk for Violence: Self Directed**

62. Mood Disorders
63. Discuss the incidence and prevalence of mood disorders in the United States.
64. Discuss the biopsychosocial theories that contribute to the current understanding of mood disorders.
65. Compare and contrast the similarities and differences between major depressive disorder and bipolar disorder.
66. Explain the principles upon which the various biologic therapies for clients with mood disorders are based.
67. List the symptoms of mood disorders using criteria from the *Diagnostic and Statistical Manual of Mental Disorders*, 5<sup>th</sup> edition (*DSM 5*).
68. Demonstrate effective interventions with clients experiencing mood disorders.
69. Educate clients and their families about biologic treatment for mood disorders such as antidepressant medications and electroconvulsive therapy.
70. Assess personal feelings, values, and attitudes toward clients with mood disorders that may provide challenges to professional practice.

Chapter 16

Recommended:

Computer program: Care of the Suicidal Client-RN  
CAI: Depression, Bipolar Disorder

Chapters 13, 14

Students Clinical Conference: "Nursing Intervention with the Suicidal Client" (See case study on Moodle)

Chapter 6

71. Suicide
72. Explain the magnitude of suicide.
73. Define suicide, suicidal behavior.
74. Differentiate self-harm from suicidal behaviors
75. Identify groups at risk for death by suicide.
76. Identify the warning signs of suicide.
77. Explain factors that contribute to suicidal risk.
78. Implement an understanding of suicide prevention, assessment and safety promotion in the plan of care for clients with mood disorders.

**Nursing Care of Individuals Experiencing High Risk for Violence: Self Directed R/T Manipulative Behaviors or Directed at Others R/T Sociocultural Conflict.**

79. Legal/ Ethical and Forensic Aspects of Mental Health Nursing
80. Describe how psychiatric-mental health nurses can avoid indirectly contributing to the stereotypes associated with psychiatric diagnostic categories.
81. Explain why psychiatric mental-health nurses need to be knowledgeable, about the mental health statutes and regulations in the state in which they practice.
82. Compare admission and release procedures for voluntary admission and involuntary commitment.
83. Deliver psychiatric-mental health nursing care in a manner that preserves and protects clients' rights, dignity, and autonomy.
84. Partner with clients and their families in developing psychiatric advance directives.
85. Identify the acts for which psychiatric-mental health nurse can be held legally liable.
86. Serve as a client advocate while assisting clients and families to develop skills for self-advocacy.

**Nursing Care of Individuals Experiencing Ineffective coping and/or Denial**

87. Substance Related Abuse Disorders
88. Discuss the major theoretic explanations for substance-related disorders.
89. Describe the population at risk for substance-related disorders.

Chapter 25

Chapter 6

CAI: PDS – Psych Mental Health Concepts and Skills: Substance Abuse

90. Explain how the physical, psychosocial, and withdrawal effects of the major categories of substance abuse manifest themselves.
91. Identify treatment approaches for the major categories of abused substances.
92. Discuss how the presence of both a substance-related disorder and a major mental disorder (such as schizophrenia) complicates nursing care.
93. Compare and contrast the short-term and long-term nursing intervention strategies for clients with substance-related disorders.
94. Identify the strategies for helping a client avoid relapse.
95. Discuss outcome criteria for clients who have substance-related disorders.
96. Assess your own feelings and attitudes about clients with substance-related disorders and how they may affect professional practice.
  
97. Personality Disorders
98. Differentiate personality traits and styles from personality disorders.
99. Identify the characteristics common to all three clusters or major categories of personality disorders.
100. Compare the biopsychosocial characteristics of various personality disorders.
101. Identify clusters of personality disorders and the differentiating characteristics of their subtypes.
102. Explain the concepts that would help the psychiatric-mental health nurse apply the nursing process to the care of clients with personality disorders.
103. Manage the triad of manipulation, narcissism, and impulsiveness when demonstrated by clients with personality disorders.
104. Focus nursing intervention on a client's specific and unique response to the disorder.
105. Modify the possible effects of the nurse's positive and negative emotional responses to clients who have personality disorders.

Students Clinical Conference: "Nursing Intervention with Individuals Experiencing Substance – Related Disorders" (See Case Study on Moodle)

Chapter 22

Chapter 24

Pre and post conference clinical discussion on personal responses to behaviors associated with personality disorders

**UNIT III**  
**Individuals Experiencing Psychosocial Deficits in Meeting the USCR: Normalcy**

Nursing Care of Individuals with Altered thought processes and Altered Sensory-Perceptual Experiences R/T Changed Structure/Function of the Brain

106. Schizophrenia/ Schizophrenia Spectrum Disorders
107. Describe the central features of schizophrenia.
108. Compare and contrast the various biopsychosocial theories that address the possible causes of schizophrenia.
109. Identify positive and negative signs and symptoms of schizophrenia.
110. Discuss the major nursing implications in caring for clients with difficult and chronic illnesses such as schizophrenia.
111. Compare the benefits and risks of antipsychotic medications.
112. Discuss the major nursing implications in supporting the families of persons with schizophrenia.
113. Describe methods to prevent or minimize relapses and promote recovery in schizophrenia.
114. Identify the personal characteristics you bring to the care of clients with schizophrenia that might cause you to distance yourself or fail to understand their experience and difficulties.
  
115. Neurocognitive Disorders
116. Discuss the biopsychosocial theories that explain delirium, dementia, amnesic disorders, and other disorders.
117. Differentiate among the various types of cognitive disorders.
118. Explain the differences between delirium, dementia, and depression.
119. Compare possible assessment findings in delirium and dementia.
120. Compare and contrast the nursing interventions and their rationales for clients with delirium and dementia.
121. Incorporate psychiatric-mental health nursing strategies that support optimal memory and cognitive functioning in the care of clients with cognitive disorders.
122. Identify the difficulty caregivers may face when working with clients who have cognitive disorders.
123. Discuss the personal feelings and attitudes that are likely to interfere with the psychiatric-mental health nurse's ability to care for cognitively impaired

Pre and Post Conference clinical discussions on intervening with a psychotic client.

Chapter 12

Students Clinical Conference: "Nursing Intervention with Patients Experiencing Cognitive Disorders: Delirium and Dementia" (See Case Study on Moodle)

Chapter 23

clients.

- 124. ADHD and Autism Spectrum Disorder
- 125. Discuss the key ideas in the biopsychosocial theories that aid in understanding the development of childhood psychiatric disorders.
- 126. Explain the multicausal or interactive model of childhood mental illness.
- 127. List the potential risk factors for childhood mental illness.
- 128. Describe the signs and symptoms associated with each of the common psychiatric disorders of children.
- 129. Discuss various therapeutic approaches when working with children and their families.
- 130. Monitor the impact of psychopharmacologic agents on children at different developmental levels.
- 131. Become aware of your own attitudes and behavior toward children/teenagers and their families with psychiatric illness and how they affect the therapeutic outcomes of your work with them.
  
- 132. Grief and Loss
- 133. Identify various events that could trigger a grief reaction.
- 134. Discuss phases of grief according to leading theorists.
- 135. Compare normal and maladaptive responses to loss.
- 136. Describe cultural responses to grief.
- 137. Discuss hospice care for the patient and their families.

**Nursing Care of Individuals Experiencing Anxiety/Fear R/T Abuse and/or Poor Coping Skills**

- 138. Violence and victims of Abuse
- 139. Identify the dynamics of intimate partner violence and the nurse's role in recognizing, screening, and assisting its victims.
- 140. Discuss the effects of maltreatment on child development.
- 141. Identify the scope of elder abuse and key prevention strategies.
- 142. Describe the biopsychosocial causes of abuse.
- 143. Discuss the short-term and long-term effects on victims of rape and violence.
- 144. Identify those at greatest risk for intra-family physical and sexual abuse.
- 145. Identify the principles common to

Chapter 11

Student Clinical Conference: "Nursing Intervention with Victims of Abuse" (See Case Study on Moodle)

Chapter 28

most treatment plans for victims of violence.

- 146. Apply the nursing process to the care of the trauma survivors.
- 147. Identify specific actions you could take to advocate for the reduction of family violence.
- 148. Discuss personal feelings and attitudes that may affect professional practice when caring for victims of rape or violence.

**Special Issues in MH Nursing**

- 149. Sleep Disorders
- 150. Explain normal changes in sleep across the lifespan.
- 151. Discuss the significance of sleep deprivation with regard to social problems, medical conditions, and psychiatric disorders.
- 152. Discuss at least two sleep disorders that are life threatening.
- 153. Apply the nursing process to patients with sleeping disorders.
  
- 154. Patients with Medical Illnesses
- 155. Identify the effects of medical illness on mental health.
- 156. Explain the term medical mimics as well as the nurses' role relative to them.
- 157. Explain how a medical condition might contribute to psychiatric complications or symptoms.
- 158. Describe nursing implications for patients with psychiatric and non-psychiatric illnesses.

**Nursing Care of Individuals Experiencing Disturbance in Body Image**

- 159. Eating Disorders
- 160. Discuss the role of culture and biology in the development of eating disorders.
- 161. Distinguish among the various eating disorders.
- 162. Explain how psychological and social pressures can influence the course of eating disorders.
- 163. Compare and contrast the various theories for the causes of eating disorders.
- 164. Assess individual and family problems of clients with eating disorders.

Chapter 19

Differential Diagnosis of Psychotic Symptoms: Medical "Mimics"; Oliver Freudenreich, MD; Forensic Psychiatry, December 3, 2012- Published on Psychiatric Times

<http://www.psychiatrictimes.com/forensic-psychiatry/differential-diagnosis-psychotic-symptoms-medical-%E2%80%9Cmimics%E2%80%9D>

Chapter 18



- 165. Partner with clients and their families in both the prevention and treatment of eating disorders.
- 166. Identify the intermediate goals in the treatment of clients with eating disorders and their families.
- 167. Describe the methods to prevent eating disorders.
  
- 168. Sexual Disorders
- 169. Discuss personal values and biases regarding sexuality and sexual behaviors.
- 170. Conduct a sexual history.
- 171. Describe at least three sexual disorders and describe their treatment.
- 4. Discuss variations in sexual orientation.

Chapter 20

**Unit III**

**Nurse Care of Individuals/Families with Altered Family Processes R/T Crisis and/or Dysfunctional Communication. Crises/Crisis Intervention**

Chapter 26

- 172. Crisis and Disaster Intervention
- 173. Describe the types of maturational and situational crises a person can experience.
- 174. Explain why a crisis is a turning point in a person's life.
- 175. Trace the sequence of a crisis and determine its significance for the nursing care of a client in crisis.
- 176. Incorporate an understanding of the origins of a crisis, risk factors, and balancing factors during the assessment phase of crisis management.
- 177. Identify three possible crises intervention modalities for a person in crisis.
- 178. Incorporate the ABC's of crisis counseling in a plan of care for a client in crisis.
- 179. Provide Psychoeducation for clients and families who are disaster victims.
- 180. Analyze personal feelings and attitudes that may affect professional practice when caring for clients in crisis.

Chapters 34,35

- 181. Family Intervention
- 182. Describe families and their dynamics in terms of relationships, associations, and connections.
- 183. Carry out a family assessment.
- 184. Partner with clients and their families in recognizing when family interventions or family therapy is appropriate.

185. Incorporate an understanding of family processes in promoting and maintaining an individual's health.
186. Develop a genogram.

### **FORMAT FOR CLINICAL CONFERENCES**

1. Faculty will lecture on the selected topics (Suicide, Substance Abuse, Victims of Abuse and Cognitive Disorders) for the first hour of conference to highlight key/salient points.
2. Students from individual clinical groups will use the remaining class time to discuss case studies.
  - a. All students are responsible to prepare for the case study presentation and will be expected to actively participate each week. Clinical Conference is required as part of clinical. Absence from a clinical conference will be counted as a clinical absence.
  - b. Students from each clinical group will be responsible to facilitate the discussion on the case study and will be graded on their ability to facilitate class work. Each team member is expected to participate. **See grading rubric on Moodle.**
  - c. Each presenting team is expected to bring in an evidence-based research article and critique that pertains to the topic of presentation for that case study. This should be approved by faculty prior to the Clinical Conference.  
**See grading rubric on Moodle**

### **RECOMMENDED READINGS AND AV'S**

#### INTRODUCTION:

All textbook readings are required, and information will be incorporated into test questions. You are expected to read widely in accordance with course content & clinical needs. You are urged to use the table of contents & index of your text. Finally, you are encouraged to read widely in other psychiatric nursing texts as well as in scholarly journals. e.g. Journal of Psychosocial Nursing, Perspectives in Psychiatric Nursing, American Journal of Nursing, etc.

#### COMPUTER PROGRAMS (College Laboratory) B307 or L122

- A. Health Soft computer discs: (2001)
  1. Therapeutic Client Communication
  2. Therapeutic Counseling
  3. Care of the Client Experiencing Anxiety
  4. Care of the Patient Experiencing Mania-RN
  5. Care of the Client Experiencing Depression
  6. Psychotropic Medication Administration Outpatient Unit
  7. Care of the Suicidal Patient
  8. Meeting Psychosocial Needs

- B. PDS – Psych Mental Health Concepts and Skills
  - 1. Severe Mental Disorders
  - 2. Substance Abuse
- C. NCLEX-RN Success

**TEACHING/LEARNING ACTIVITIES**

Lecture	Computer Assisted Instruction
Group Discussion	Assigned and Self-Directed Readings
Field Observations	Clinical Conference Case Study(s) presentations
Audio Visual Aids	

**Professional Nursing Organizations Websites**

American Psychiatric Nurses Association

<http://www.apna.org><http://www.apna.org/>

International Society for Psychiatric Nurses

<http://www.ispn-psych.org><http://www.ispn-psych.org/>

International Nurses Society on Addictions

<http://www.IntNSA.org><http://www.intnsa.org/><http://www.intnsa.org/>

**Internet Resources for Mental Health and Substance-Related Disorders** Mental Health: A

Report of the Surgeon General

<http://www.surgeongeneral.gov/library/mentalhealth/toc.html><http://www.surgeongeneral.gov/library/mentalhealth/toc.html>

Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General.

<http://www.surgeongeneral.gov/library/mentalhealth/cre><http://www.surgeongeneral.gov/library/mentalhealth/cre>

Mental Health Parity Act

<http://www.cms.hhs.gov/hipaa/hipaa1/content/mhpa.asp><http://www.cms.hhs.gov/hipaa/hipaa1/content/mhpa.asp>

National Alcohol and Alcohol Abuse Association (NIAAA)

<http://www.niaaa.nih.gov><http://www.niaaa.nih.gov/>

National Institute of Drug Abuse (NIDA)

<http://www.nida.nih.gov><http://www.nida.nih.gov/> National

Institute of Mental Health (NIMH)

<http://www.nimh.nih.gov><http://www.nimh.nih.gov/>

Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.samhsa.gov><http://www.samhsa.gov/>

**Additional WEBSITES:**

National Institute on Aging: [www.alzheimers.org](http://www.alzheimers.org)

National Institute of Neurological Disorders and Stroke: [www.ninds.nih.gov](http://www.ninds.nih.gov)

The Schizophrenic Homepage: [www.schizophrenia.com](http://www.schizophrenia.com)

The National Alliance for the Mentally Ill: [www.nami.org](http://www.nami.org)

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Active Minds: [www.activeminds.org](http://www.activeminds.org)

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Please refer to web resources listed within many chapters of the textbook  
Revised: May 2018